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PTO/SB/50 (02-84)
Approved for use through 01/31/2004. OMB 6651-0012
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	7594.10
	First Named Inventor	Lutz et al.
	Original Patent Number	5,967,264
	Original Patent Issue Date (Month/Day/Year)	10/19/99
	Express Mail Label No.	EK295543623US

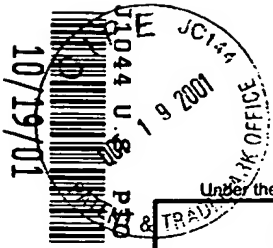
APPLICATION FOR REISSUE OF: (Check applicable box)	<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent	<input type="checkbox"/> Plant Patent
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APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/ 56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input checked="" type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other: Offer to Surrender....
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	

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NAME (Print/Type)	Paul W. Martin	Registration No. (Attorney/Agent)	34870
Signature		Date	10/19/01

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01-07-02

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PTO/SB/56 (02-04)
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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
7594.10

Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		or	Other than a Small Entity	
				Rate	Fee		Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 20	**** 0 =	x \$	=		x \$ 18 =	\$ 0
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	. 0 =	x \$	=		x \$ 84 =	\$ 0
Basic Fee (37 CFR 1.16(h))						\$		\$ 740
Total Filing Fee						\$	OR	\$ 740

Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 46	MINUS	** 20	* = 26	x \$	=	x \$ 18 =	\$ 468
Independent Claims (37 CFR 1.16(i))	*** 7	MINUS	***** 3	= 4	x \$	=	x \$ 84 =	\$ 336
Total Additional Fee						\$	OR	\$ 804

- * If the entry in (D) is less than the entry in (C), Write "0" in column 3.
- ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
- *** After any cancellation of claims.
- **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
- ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Please charge Deposit Account No. 14-0225 in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 14-0225.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.

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10/19/01
Date

Signature of Applicant, Attorney or Agent of Record
Paul W. Martin
Typed or printed name